RICE LAKE CONVALESCENT CENTER

1016 LAKESHORE DRIVE

RICE LAKE 54868 Phone: (715) 234-9101		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	89	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	95	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	79	Average Daily Census:	74

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	%
Home Health Care	No	I		Age Groups	%		25.3
Supp. Home Care-Personal Care	No					1 - 4 Years	34.2
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	3.8	More Than 4 Years	15.2
Day Services	No	Mental Illness (Org./Psy)	29.1	65 - 74	11.4	I	
Respite Care	No	Mental Illness (Other)	11.4	75 - 84	43.0	·	74.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.8		100.0		
Other Meals	No	Cardiovascular	20.3	65 & Over	96.2		
Transportation	No	Cerebrovascular	16.5			RNs	7.3
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	9.9
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	11.4	Male	30.4	Aides, & Orderlies	38.7
Mentally Ill	No			Female	69.6	I	
Provide Day Programming for		1	100.0			I	
Developmentally Disabled	No	1			100.0	I	
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Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.0	128	0	0.0	0	1	6.3	131	0	0.0	0	0	0.0	0	2	2.5
Skilled Care	13	100.0	285	46	93.9	113	1	100.0	136	13	81.3	116	0	0.0	0	0	0.0	0	73	92.4
Intermediate				2	4.1	94	0	0.0	0	2	12.5	107	0	0.0	0	0	0.0	0	4	5.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		49	100.0		1	100.0		16	100.0		0	0.0		0	0.0		79	100.0

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RICE LAKE CONVALESCENT CENTER

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	5.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.2	Bathing	8.9		79.7	11.4	79
Other Nursing Homes	2.3	Dressing	15.2		79.7	5.1	79
Acute Care Hospitals	88.9	Transferring	38.0		51.9	10.1	79
Psych. HospMR/DD Facilities	1.2	Toilet Use	34.2		50.6	15.2	79
Rehabilitation Hospitals	0.0	Eating	74.7		16.5	8.9	79
Other Locations	1.2	*****	******	*****	*****	*****	******
Total Number of Admissions	171	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	5.1	Receiving Resp	iratory Care	2.5
Private Home/No Home Health	25.9	Occ/Freq. Incontine	nt of Bladder	32.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	21.7	Occ/Freq. Incontine	nt of Bowel	15.2	Receiving Suct	ioning	0.0
Other Nursing Homes	8.4	-			Receiving Osto	my Care	5.1
Acute Care Hospitals	19.9	Mobility			Receiving Tube	Feeding	3.8
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet:	11.4
Rehabilitation Hospitals	0.0						
Other Locations	3.0	Skin Care			Other Resident C	haracteristics	
Deaths	20.5	With Pressure Sores		5.1	Have Advance D	irectives	84.8
Total Number of Discharges	i	With Rashes		2.5	Medications		
(Including Deaths)	166				Receiving Psyc	hoactive Drugs	58.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.2	84.6	0.91	88.0	0.88	88.1	0.88	87.4	0.88
Current Residents from In-County	83.5	75.5	1.11	72.9	1.15	69.7	1.20	76.7	1.09
Admissions from In-County, Still Residing	18.7	18.9	0.99	20.1	0.93	21.4	0.87	19.6	0.95
Admissions/Average Daily Census	231.1	152.9	1.51	129.5	1.78	109.6	2.11	141.3	1.64
Discharges/Average Daily Census	224.3	154.8	1.45	130.3	1.72	111.3	2.02	142.5	1.57
Discharges To Private Residence/Average Daily Census	106.8	63.8	1.67	52.2	2.05	42.9	2.49	61.6	1.73
Residents Receiving Skilled Care	94.9	94.6	1.00	93.7	1.01	92.4	1.03	88.1	1.08
Residents Aged 65 and Older	96.2	93.7	1.03	94.2	1.02	93.1	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	62.0	66.0	0.94	66.3	0.94	68.8	0.90	65.9	0.94
Private Pay Funded Residents	20.3	19.0	1.06	21.6	0.94	20.5	0.99	21.0	0.97
Developmentally Disabled Residents	2.5	0.5	5.04	0.5	4.65	0.5	5.05	6.5	0.39
Mentally Ill Residents	40.5	31.3	1.30	36.2	1.12	38.2	1.06	33.6	1.21
General Medical Service Residents	11.4	23.7	0.48	21.5	0.53	21.9	0.52	20.6	0.55
Impaired ADL (Mean)	38.5	48.4	0.79	48.4	0.79	48.0	0.80	49.4	0.78
Psychological Problems	58.2	50.1	1.16	53.4	1.09	54.9	1.06	57.4	1.02
Nursing Care Required (Mean)	3.8	6.6	0.58	6.9	0.55	7.3	0.52	7.3	0.52